

## Fit WIC Program Participant Survey

*Dear WIC participant: Thank you for taking the time to fill out this survey. We are trying to find out what parents such as yourself think about some nutrition and physical activity issues. We are asking for your opinion only. Please do not put your name on this survey.*

1. Please circle whether the following statements are true for you and your family (you may circle more than one response).
  - a. My family eats at least 1 meal together each day.
  - b. I prepare (generally from scratch) the food my family eats.
  - c. I often use boxed foods or frozen meals to feed my family
  - d. My family watches television, uses the computer or plays video games for 3 hours or more each day.
  - e. I regularly (for 30 minutes or more on most days) do physical activity (such as exercising, dancing, or sports).

2. Please tell us how often the following statements are true for your **oldest** child under 5 on WIC:

	Almost Always	Sometimes	Almost Never
He/she doesn't eat enough	3	2	1
He/she eats too much	3	2	1
He/she eats too many sweets	3	2	1
He/she likes to eat vegetables	3	2	1
He/she is a picky eater	3	2	1
I make sure he/she eats all of the food on his/her plate	3	2	1
I let him/her decide how much he/she eats	3	2	1
He/she refuses to eat the meals I make for the family	3	2	1
He/she wants to eat all the time	3	2	1
I worry about running out of food during the month	3	2	1
If he/she won't eat the family meal, I prepare something else for him/her	3	2	1
I worry about him/her being too thin	3	2	1
I worry about him/her being too fat	3	2	1

3. How often during a week's time does your child eat meals at day care, Head Start or preschool?
  - a. None
  - b. 1-3 times per week
  - c. 3-5 times per week
  - d. 5-7 times per week
  - e. daily
4. In the past seven days, about how many times has you or your child eaten food from a restaurant (such as- but not limited to- McDonald's, Taco Bell, Pizza Hut or Country Kitchen)? Circle only one.
  - a. None
  - b. 1 time
  - c. 2-4 times
  - d. 5-8 times
  - e. 9 or more times
5. At what age did your child start eating food from fast food restaurants?
  - a. Before age 1
  - b. Between 1 and 2 years old
  - c. Between 2 and 3 years old
  - d. Between 3 and 4 years

6. Does your child snack or eat meals while watching TV?
  - a. Yes
  - b. No
7. In general, is your child physically active for:
  - a. 60 minutes or more each day
  - b. 30-60 minutes each day
  - c. Less than 30 minutes each day
  - d. Don't know
8. Are there any physical activities that you and your child do together?
   
\_\_\_ No
   
\_\_\_ Yes

If you answered Yes, Please circle the physical activities that you do regularly with your child:

Playing catch	Floor play
Bicycling	Swings
Dancing	Going to a playground/park
Walking	Sledding/ice skating
Running	Playing tag or other active games
Swimming	
Other _____	

9. Do you do as many physical activities with your child as you would like to? Circle one response.
  - a. Almost always
  - b. Sometimes
  - c. Almost never

If you circled sometimes or almost never, tell us why. Circle all that apply.

- a. I don't have enough time
- b. There aren't safe areas to play
- c. There aren't enough activity programs for parents and young children
- d. I have to watch my other children
- e. Other (describe): \_\_\_\_\_

10. Do any of the following make it hard for you to do physical activity? You may circle more than one response.
  - a. I don't feel safe outdoors in my neighborhood
  - b. I am too tired
  - c. I don't have time
  - d. I would have to do it alone
  - e. I don't have a place to exercise
  - f. I have to watch my children

11. Are you having trouble with any of the following? Please circle yes or no.
 

a. Not having enough money for healthy foods	Yes	No
b. Not having enough safe places for my children to play outside	Yes	No
c. Not having a place to buy fresh foods in my neighborhood	Yes	No
d. Not having transportation to get places	Yes	No
e. Not having enough support from family and/or friends	Yes	No
f. Feeling out of control of what your child eats	Yes	No
g. Other (please describe) _____		

12. Which of the following do you think are the most common reasons that a child under five is overweight?

Please circle yes or no.

- |   |     |    |
|---|-----|----|
| a. Not enough exercise                              | Yes | No |
| b. It is their genetic make up/natural body shape   | Yes | No |
| c. Not enough self-control                          | Yes | No |
| d. Too much/too little parental control over eating | Yes | No |
| e. Eat the wrong foods                              | Yes | No |
| f. Eat a lot  | Yes | No |

13. Would you participate in the following activities? Please circle yes or no.

- |  |     |    |
|--|-----|----|
| a. WIC exercise classes for parents and children together                            | Yes | No |
| b. Meetings to plan ways WIC can help parents and children be healthy                | Yes | No |
| c. Cooking classes at WIC  | Yes | No |
| d. Meetings with other WIC parents to hear stories of what has worked for them       | Yes | No |
| e. Working with WIC staff to make more safe play areas for children in the community | Yes | No |

14. Would you use the following? Please circle yes or no.

- |  |     |    |
|--|-----|----|
| a. A pamphlet from WIC about good nutrition for my child                             | Yes | No |
| b. A pamphlet from WIC about physical activities to do with my child                 | Yes | No |
| c. Information from WIC about how I can make healthier foods for my kids             | Yes | No |
| d. Educational materials (books or videos), that I can borrow from WIC and take home | Yes | No |
| e. Information on resources in my community  | Yes | No |

15. Are you currently trying to lose weight?

- a. Yes
- b. No

16. If you answered yes to number 16, are you doing any of the following? Please circle all the responses that are true for you.

- a. Eating less food
- b. Doing regular physical activity
- c. Watching less TV
- d. Eating low fat foods
- e. Eating more fruits and vegetables
- f. Eating more whole grains
- g. I now plan my meals/snacks
- h. I've changed my cooking methods (i.e.: less frying, more grilling/broiling)
- g. Other (describe) \_\_\_\_\_

17. Was your child(ren) breastfed?

- a. No
- b. Yes, I ...
  - \_\_\_\_\_ Am currently breastfeeding
  - \_\_\_\_\_ Breastfed for less than 1 month
  - \_\_\_\_\_ Breastfed for 1-3 months
  - \_\_\_\_\_ Breastfed for 4-6 months
  - \_\_\_\_\_ Breastfed for 7-9 months
  - \_\_\_\_\_ Breastfed for 10-12 months
  - \_\_\_\_\_ Breastfed for more than 1 year

18. On average, how often does your child drink juice each day (100% juice types, such as WIC juices)?
- a. Never
  - b. 1x or less each day
  - c. More than 1x/day
  - d. All day long
19. When your child drinks juice, how much does he/she drink?
- a. less than a 4 oz. glass
  - b. a 4-8 oz. glass
  - c. more than 8 oz./glass
20. On average, how many times per day does your child drink sugared beverages such as juice drinks, Kool Aid, Hi-C, sodas, Sunny Delight etc.?
- a. Never
  - b. 1x or less each day
  - c. More than 1x/day
  - d. All day long
21. When your child drinks the sugared beverages listed in question 21, how much does he/she drink?
- a. less than a 4 oz. glass
  - b. a 4-8 oz. glass
  - c. more than 8 oz./glass
22. How do you identify **your** race/ethnicity? Please circle all that apply.
- a. Hispanic/Latino
  - b. Asian
  - c. Pacific Islander
  - d. White
  - e. African American/Black (not Hispanic)
  - f. American Indian or Alaskan Native
  - g. Other (describe): \_\_\_\_\_

**Thank you very much for taking the time for fill out this survey!**